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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |   |   |   | Application or Docket Number<br><b>10/562,763</b> | Filing Date<br><b>12/27/2005</b> | <input type="checkbox"/> To be Mailed              |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
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padding-top: 5px;">The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</td> </tr> </tbody> </table> |       |    |   |        |  |        | APPLICATION AS AMENDED – PART II |                              |   | OTHER THAN<br>SMALL ENTITY |     |   |        | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY   |  | OTHER THAN<br>SMALL ENTITY |  | AMENDMENT | <b>07/15/2010</b> | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | AMENDMENT | Total (37 CFR 1.16(i)) | * 20  | Minus | ** 20 | = 0 | X \$26 =              | 0                     | OR X \$ =  | AMENDMENT | Independent (37 CFR 1.16(h))  | * 2 | Minus | ***3 | = 0 | X \$110 = | 0 | OR X \$ = | AMENDMENT | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |  |  |  |  |  |  | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |  |  |  |  |  | (Column 1) |  |  |  | (Column 2) | (Column 3) | TOTAL<br>ADD'L<br>FEE | TOTAL<br>ADD'L<br>FEE | AMENDMENT |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | AMENDMENT | Total (37 CFR 1.16(i)) | * | Minus | ** | = | X \$ = |  | X \$ = | AMENDMENT | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | X \$ = |  | X \$ = | AMENDMENT | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |  | TOTAL<br>ADD'L<br>FEE | TOTAL<br>ADD'L<br>FEE | Legal Instrument Examiner:<br>/JACQUELINE LANFORD/ |  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". |  |  |  |  |  |  |  |  | *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |  |  |  |  |  |  |  |  | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |  |  |  |  |  |  |
| APPLICATION AS FILED – PART I  |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| (Column 1)   | (Column 2)  | SMALL ENTITY <input checked="" type="checkbox"/> OR |   | OTHER THAN<br>SMALL ENTITY                        |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| FOR  | NUMBER FILED  | NUMBER EXTRA  | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)   |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A   | N/A   |   | N/A                              |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A   | N/A   |   | N/A                              |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  | N/A   | N/A   | N/A   |   | N/A                              |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))   | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.  |   |   |   | TOTAL   | TOTAL                            |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS AMENDED – PART II</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 3)</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">SMALL ENTITY</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px; vertical-align: top;">AMENDMENT</td> <td style="padding-bottom: 5px; vertical-align: top;"><b>07/15/2010</b></td> <td style="padding-bottom: 5px; vertical-align: top;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding-bottom: 5px; vertical-align: top;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding-bottom: 5px; 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| (Column 1)   | (Column 2)  | (Column 3)  | SMALL ENTITY                                |   | OTHER THAN<br>SMALL ENTITY       |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| AMENDMENT  | <b>07/15/2010</b>   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                             | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
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| AMENDMENT  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| (Column 1)   |   |   |   | (Column 2)  | (Column 3)                       | TOTAL<br>ADD'L<br>FEE                              | TOTAL<br>ADD'L<br>FEE            |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| AMENDMENT  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                             | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| AMENDMENT  | Total (37 CFR 1.16(i))  | *   | Minus                                       | **  | =                                | X \$ =   |                                  | X \$ =                 |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| AMENDMENT  | Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***   | =                                | X \$ =   |                                  | X \$ =                 |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| AMENDMENT  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| AMENDMENT  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |   |   | TOTAL<br>ADD'L<br>FEE                             | TOTAL<br>ADD'L<br>FEE            | Legal Instrument Examiner:<br>/JACQUELINE LANFORD/ |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".   |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |                   |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |  |   |   |   |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |                                  |                              |   |                            |     |   |        |            |            |            |  |  |                            |  |           |                   |   |   |  |           |                        |           |                        |           |                        |   |       |       |     |                       |                       |  |           |   |     |       |      |     |           |   |           |           |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |  |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |  |        |           |                              |   |       |     |   |        |  |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |

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